	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unit								ss it displays a valid Olvib control number.			
ſ	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 98			
			CLAIMS AS I	LAIMS AS FILED PART I (Column 1) (Column 2)			SMALL E	ENTITY	OR	OTHER SMALL	R THAN ENTITY	
ł			1		<u>`</u>	R EXTRA	RATE	FEE		RATE	FEE	
		FOR C FEE	NUMBE	KFILED	NOMBE	VEATIVE.	10012	s	OR		s	
	TOTA	FR 1.16(a))			_  .		x \$=		OR	x \$=		
		FR 1.16(c)) PENDENT CLAIMS	<del>                                     </del>	minus 20	_		x \$ =		OR	x \$ =		
	<u> </u>	FR 1.16(b))		minus 3	<del> </del>				OR	+s =		
	MUL	TIPLE DEPENDENT	CLAIM PRESEN	AIM PRESENT (37 CFR 1.16(d))			+ \$=			:		
	* If ti	ne difference in colu	umn 1 is less that	n 1 is less than zero, enter "0" in column 2.			TOTAL		OR	TOTAL	!	
		CLAIMS AS AMENDED - PART II									~ =:	
,			(Column 1)	Column 1)		(Column 2) (Column 3)		ENTITY	OR		R THAN ENTITY	
after-sina response 6-25-04	) V V		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
50 9 PMSC	MEN	Total	AMENDMENT	Minus	PAID FOR	- 0	x s=	()	OR	x s=		
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			(Column 1)		(Column 2)	(Column 3)		T	1		<del></del>	
• •	NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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!	AME	<u> </u>	TION OF MILITIPI	ENT CLAIM (37 CF	R 1.16(d))	+ \$ =		OR	+ \$=			
	<del>  `</del>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  +\$ = TOTAL ADD'L FEE								TOTAL ADD'L FEE		
		* If the entry in col	lumn 1 is less tha	n the enti	y in column 2, writ	te "0" in column	3.		OR		<u> </u>	
	1	" If the "Highest N	umber Previousl	v Paid For	IN THIS SPACE	is less than 20,	Biller 20.					

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

\*\* If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

6.